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Bib Data Sheet

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|-----------------------------|--|--------------|------------------------|---------------------------------------|
| SERIAL NUMBER<br>09/580,327 | FILING OR 371(c)<br>DATE<br>05/26/2000<br>RULE | CLASS<br>707 | GROUP ART UNIT<br>2167 | ATTORNEY<br>DOCKET NO.<br>020431.0698 |
|-----------------------------|--|--------------|------------------------|---------------------------------------|

## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 07/21/2000

|                                 |  |                                |                        |                       |                            |
|---------------------------------|--|--------------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed        | <input type="checkbox"/> yes <input type="checkbox"/> no   | STATE OR<br>COUNTRY<br>GERMANY | SHEETS<br>DRAWING<br>5 | TOTAL<br>CLAIMS<br>32 | INDEPENDENT<br>CLAIMS<br>3 |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>Allowance |                                |                        |                       |                            |
| Verified and<br>Acknowledged    | Examiner's Signature   | Initials                       |                        |                       |                            |

## ADDRESS

53184

## TITLE

SYSTEM AND METHOD FOR RETRIEVING DATA FROM A DATABASE USING A DATA MANAGEMENT SYSTEM

|                                |   |  |
|--------------------------------|---|--|
| FILING FEE<br>RECEIVED<br>1254 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of<br>time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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